

CSCR # (College-Dept-Term-Course Subject-Course Number)

Department Name:

Term: 20

PART OF TERM:

New Course

Cancel Course

Change Course

CRN*:

*when cancelling or changing

Course Subject

#

Section*

*when cancelling or changing

Course Title:

Cross Listed with #

(Maximum 30 characters including spaces)

CREDIT HOURS:

Minimum

Maximum

Web/VISION Available

Yes

No

MAXIMUM ENROLLMENT:

DAYS:**CLASS TIME:** Beginning

Ending

REQUESTED LOCATION:**INSTRUCTOR:**SCHEDULE TYPE: *Select one from the list below*

Lecture

Lab

Lecture & Lab

Independent Study

Seminar

Discussion

Online Course offered by Dept.

Course offered by OLL

Clinic

Practicum

Study Abroad

Credit by Exam

Prof

Travel

Internship

GRADE MODE:

Letter

Pass/Fail

Credit by Exam

Non-graded

Audit

SPECIAL APPROVAL
NEEDED FOR
ENROLLMENT:

Chair

Dean

Instructor

Instructor/Chair

Department

Student Success & Retention

TEXT NOTES:

COURSE RESTRICTIONS:

Originator

Chairman

Dean

Entered